



Applicant Services Center
 700 Fifth Avenue, Suite 2000
 P. O. Box 34019
 Seattle, WA 98124-4019
Phone: (206) 684-8850
Hours: M/W/F, 7:30am-5:30pm; T/Th, 10:30am-5:30pm

Project Number: _____ **MT Number** _____ **Date:** _____

Project/Site Address: _____

Applicant Name: _____

- | | |
|---|---|
| <input type="checkbox"/> CAM 103 Site Plan Requirements | <input type="checkbox"/> CAM 303 Applicant Responsibilities and Plan Requirements for SF & 2 Unit Dwellings |
| <input type="checkbox"/> CAM 103B ECA Site Plan Requirements | <input type="checkbox"/> CAM 303A Common SF & Duplex Building Code Items |
| <input type="checkbox"/> CAM 106 General Standards | <input type="checkbox"/> Other CAM's: _____ |
| <input type="checkbox"/> CAM 242 Tree Protection Regulations in Seattle | |

LU Screener (please initial) _____ **OS Screener (please initial):** _____

THIS CHECKLIST HAS BEEN PROVIDED TO ASSIST THE APPLICANT IN PREPARING A COMPLETE APPLICATION. COMPLETE APPLICATIONS CAN BE PROCESSED AND REVIEWED MORE EFFICIENTLY. PLEASE READ AND SIGN THE STATEMENT BELOW.

I verify that I am submitting all of the required submittals indicated, as appropriate to this project, on this checklist and I acknowledge that failure to submit all of these requirements may result in my application not being accepted and/or may extend the length of time needed to review the project.

Applicant Signature: _____ **Date:** _____

~ PLEASE REFER TO THE STANDARDS FOR FURTHER CLARIFICATION ~

LAND USE CONSIDERATIONS (check zoning and overlays and refer to Land Use Code for specific development standards:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Street/Alley Improvements	<input type="checkbox"/>	<input type="checkbox"/>	Legal building site
<input type="checkbox"/>	<input type="checkbox"/>	Using sloping lot height bonus	<input type="checkbox"/>	<input type="checkbox"/>	Project in Historical Review District or is a Historical Landmark
<input type="checkbox"/>	<input type="checkbox"/>	Using front yard averaging			
<input type="checkbox"/>	<input type="checkbox"/>	MUP/LBA/Short Plat Number (if any)			

CONSTRUCTION CONSIDERATIONS:

<input type="checkbox"/>	<input type="checkbox"/>	Height/Area/Type of Construction covered	<input type="checkbox"/>	<input type="checkbox"/>	Deep excavation at property line
<input type="checkbox"/>	<input type="checkbox"/>	Demolition is required	<input type="checkbox"/>	<input type="checkbox"/>	Tenant Relocation is required

OTHER CONSIDERATIONS:

<input type="checkbox"/>	<input type="checkbox"/>	Application meets CAM 106	<input type="checkbox"/>	<input type="checkbox"/>	In Shoreline – see Index 15
<input type="checkbox"/>	<input type="checkbox"/>	In ECA – see Index 13	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater, Grading & Drainage – see Index 14

TYPE OF PLANS TO BE SUBMITTED:

Req	Prov		Req	Prov	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coversheet for each set of plans	<input type="checkbox"/>	<input type="checkbox"/>	Licensed Topographic Survey with 2' contours (if within 2' of height limit or
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Architectural/Structural Notes			

